

PART B - FEE(S) TRANSMITTAL

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60904 T390 04/19/2010

CYPRESS SEMICONDUCTOR CORPORATION
198 CHAMPION COURT
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/989,777

11/19/2001

Craig Nemecek

CD01298A1

2046

TITLE OF INVENTION: SLEEP AND STALL IN AN IN-CIRCUIT EMULATION SYSTEM

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	07/19/2010

EXAMINER	ART UNIT	CLASS SUBCLASS
JACOB, MARY C	2123	703-023600

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563)

☐ Change of correspondence address (or Change of Correspondence Address form PTO-SB/121) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OK, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the disclaimer has been filed for assignment as set forth in 37 CFR 1.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Cypress Semiconductor Corporation San Jose, CA.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

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- ☐ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502-2871 (enclose an explanation of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

Registration No.

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